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PROFUNDS® IRA Transfer or Direct Rollover Request

Use this form to have your Traditional IRA, Roth IRA, SEP, SIMPLE IRA or employer-sponsored retirement plan transferred to ProFunds. For assistance, please call 1-888-776-3637. Financial Professionals, please call 1-888-776-5717.

1. IRA Owner (Please Print or Type)

All information in this section is required, unless otherwise noted. Your transfer or direct rollover request may not be completed until such information is collected.

Title: (optional) ☐ **Mr.** ☐ **Mrs.** ☐ **Ms.** ☐ **Dr.** ☐ **Other** ______________

Owner Name (first/initial/last) ______________ Account Number (or SSN if New) ______________

Owner Street Address ______________ City ______________ State ______ Zip Code ______

Email Address (optional) ______________ Daytime Phone (Area Code + Number) ______________ Evening Phone (optional) ______________

2. Assets Being Transferred or Rolled Over

ProFunds needs this information in order to forward this form to the most appropriate address.

Please include a copy of a recent statement from the current custodian.

Current Custodian, Trustee or Employer ______________ Account Number ______________ Telephone ______________

Street Address ______________ City ______________ State ______ Zip Code ______

This is a (select one):

☐ **Transfer from a Traditional IRA**

☐ **Transfer from a Roth IRA into a Roth IRA**

☐ **Conversion from a Traditional IRA to a Roth IRA at ProFunds**

☐ **Transfer from an Inherited/Beneficiary IRA**

☐ **Recharacterization of an IRA**

☐ **Transfer from a SEP IRA**

☐ **Transfer from a SIMPLE IRA** (at Profunds SIMPLE IRA funds cannot be combined with regular IRA funds within two years of initial participation in the SIMPLE IRA.)

☐ **Direct rollover from my employer-sponsored retirement plan** (Please contact your employer for their specific procedures.)

3. Transfer/Rollover Instructions

If this is a transfer into a new account at ProFunds, transfer will be invested according to your instructions on your new IRA Account Application.

If assets will be deposited into an existing account at ProFunds, please designate the account number and investment options in Section 4 of this form.

List the assets you are transferring to ProFunds. We will contact your current custodian to arrange the transfer.

TOTAL AMOUNT INVESTED $ ________________________(Required)

☐ **Complete 100% transfer of the assets in the above referenced amount** (Current custodian will immediately liquidate all assets upon receipt of this request and send proceeds to ProFunds.)

☐ **Partial Transfer:** Liquidate only the following assets (if you are transferring more than two investments, please attach a separate sheet and check here ☐)

From: ______________________ ________________ **Amount $** ______________ **or** ______ **%**
Fund Name / No. Account Number

From: ______________________ ________________ **Amount $** ______________ **or** ______ **%**
Fund Name / No. Account Number

(Current custodian will immediately liquidate all assets upon receipt of this request and send proceeds to ProFunds.)

☐ **ProFunds In-Kind Transfer:** I currently own ProFunds shares and do not wish to have them liquidated. Please transfer shares "in-kind" to an account held directly at ProFunds.

Transfer: ____ **Amount $** ______________ **or** ______ **%**
Fund Name / No.

Transfer: ____ **Amount $** ______________ **or** ______ **%**
Fund Name / No.

Transfer: ____ **Amount $** ______________ **or** ______ **%**
Fund Name / No.

Transfer: ____ **Amount $** ______________ **or** ______ **%**
Fund Name / No.

If you are transferring more than one CD, please attach a separate form and check here ☐.

The transfer will be invested according to your instructions on your IRA New Account Application.

☐ **Certificate of Deposit (CD):** We must receive this form at least 15 days (but no more than one month) prior to the maturity date of the CD. Check with your current custodian to see if a withdrawal penalty applies.

From: ______________________ ________________ **Amount $** ______________ **or** ______ **%**
CD Account Number Maturity Date (mm/dd/yyyy)

Liquidate Time Frame (select only one) ☐ Liquidate immediately. ☐ Liquidate at maturity.

Liquidate Options (select only one) ☐ Liquidate in full. ☐ Partial liquidation as indicated above.

4. Investment Selection

*If no fund is indicated, your investment will be made into the Government Money Market ProFund.

☐ Please deposit transfer proceeds into my new account at Profunds. New account application enclosed.

☐ Please deposit transfer proceeds into my existing account at ProFunds: ____________________
Account Number

Fund Name*	Fund Number	Allocation
________________	________	$ ________ or ______%
________________	________	$ ________ or ______%
________________	________	$ ________ or ______%
________________	________	$ ________ or ______%

5. Instructions for Recharacterization

A. For tax year: ____________________, recharacterization / conversion (circle one):

☐ All ☐ Part $ ________________________ of my contribution.

☐ All ☐ Part $ ________________________ of my conversion.

☐ All ☐ Part $ ________________________ of my qualified plan rollover in my ROTH.

B. Move this money from my: ☐ Traditional ☐ IRA Roth IRA

____
Account Number

____
Fund Number

into my: ☐ Traditional ☐ IRA Roth IRA

____
Account Number

____
Fund Number

6. Tax Withholding Election

Federel Tax: If you do not check a box in this section, federal income tax will be withheld at the rate of 10%.

***State Tax:** If federal tax is withheld, state tax may also apply. If the address of record for your account is in a mandatory withholding state and you have federal income tax withheld, state income tax will be withheld in accordance with the state rules.

Notice of Withholding

The distributions you receive from your IRA are subject to federal income tax and may also be subject to state income tax depending on your state of residence. You may elect to have withholding apply to your distribution or you may elect not to have withholding apply. Whether or not you elect to have tax withheld, you will remain liable for payment of federal and/or state income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated income tax payment rules if your payment of estimated tax and the tax withheld are insufficient.

☐ Do not withhold federal income tax from my distribution.

☐ Withhold federal income tax at the rate of ______ % (must be 10% or greater).*

8. Signatures

Please read this section carefully before signing.

Authorization of Transfer or Direct Rollover

I authorize the immediate (unless otherwise noted in Section 4) transfer or direct rollover of the assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Custodian, Trustee or Employer. I acknowledge that the Custodian cannot provide me with legal advice and I agree to consult with my own tax professional when I need tax advice. I understand that I am responsible for determining my eligibility to transfer within the limits set forth by tax laws, related regulations and plan agreements. I assume responsibility for any tax consequences or penalties that may apply to the transfer or rollover of my assets.

Signature of IRA Owner

Date (mm/dd/yyyy)

Signature Guarantee

Your resigning custodian may require a signature guarantee in order to process the transfer. Please check with your custodian before sending this form.

A signature guarantee may be executed by a bank, broker-dealer, a credit union, a national securities exchange, or a savings association as defined by federal law. A notary public cannot provide a signature guarantee. Please affix signature guarantee ink stamp below with appropriate signature and title of officer, as well as the date. You should be able to obtain a signature guarantee from a bank, broker, broker/dealer, credit union, clearing agency, savings association or US consulate (if overseas).

Signature Guarantee Stamp (for Account Owner/Trustee)

Accepting IRA Custodian

UMB Bank, n.a. agrees to serve as the Custodian for the ProFunds IRA account of the above-named individual, and as Custodian, we agree to accept the assets being transferred.

Account Identification of Accepting IRA

Alan Collins, Authorized Agent for UMB Bank, n.a. (UMB Bank, n.a. accepts IRA application and agrees to act as custodian.)

9. Payment Instructions To Resigning Custodian

☐ **By Check**

Return this form and send redemption proceeds to:
ProFunds
P.O. Box 182800
Columbus, OH 43218-2800

Express mail to:
ProFunds
c/o Transfer Agency
4249 Easton Way, Suite 400
Columbus, OH 43219

Make check payable to: ProFunds TOA for

Owner Name

Social Security Number

Please indicate applicant's original date of SIMPLE IRA plan (if applicable).

Account Owner's Date (mm/dd/yyyy) of Original Participation

☐ **By Direct Transfer In-Kind.** Refer to Section 3 of this form.

☐ **By Wire. I will call (888) 776-3637 for wire instructions** (Fees may apply).